

**FEE:** \$10.00  
Payable to:  
State of New Hampshire

**State of New Hampshire**  
**Department of State**  
Corporation Division  
Concord Tel. 603-271-3244

Location: State House Annex - 3rd floor  
Mailing Address: Corporation Division, Department of State  
107 N Main St  
Concord NH 03301-4951

**CERTIFICATE OF WITHDRAWAL IN PARTNERSHIP USING TRADE NAME**

Be it known that: (PLEASE TYPE OR PRINT CLEARLY)

NAME OF MEMBER WITHDRAWING	NO. & STREET	CITY/TOWN	STATE	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

heretofore doing business under the name of:

\_\_\_\_\_  
(Business Name)

at (Business Address) \_\_\_\_\_  
(No.) (Street) (City/Town) (State) (Zip)

has withdrawn from said firm effective (date) \_\_\_\_\_.

The member(s) now comprising the firm are:

NAME OF REMAINING MEMBER	NO. & STREET	CITY/TOWN	STATE	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signed: (Must be signed by each withdrawing and remaining member.)

_____	_____
_____	_____
_____	_____
_____	_____